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TITLE: Post-exposure Prophylaxis (PEP) for Medical Students Following Occupational Exposure to Bloodborne Pathogens

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ISSUE: The current Occupational Safety and Health Administration (OSHA) standard for PEP for health care workers following exposure to bloodborne pathogens requires employers to follow the current United States Public Health Service (USPHS) recommendations. However, medical students are not employees; thus, no occupational health law exists compelling teaching hospitals, ambulatory care centers, non-academic hospitals, and other medical student training sites to provide timely post-exposure counseling and antiviral treatment to students. Likewise, students who sustain an exposure in the course of their training are ineligible for workers' compensation to defray their medical expenses. The American Medical Association (AMA) has learned that at some programs medical students are expected to obtain PEP from student health departments or other entities that provide care to students. This may result in delayed or impaired access to the PEP necessary to prevent infection.

SETTING: Teaching hospitals, ambulatory care centers, non-academic hospitals, and other medical student training sites.

PROJECT: The AMA's Council on Scientific Affairs (CSA) reviewed the epidemiological data on patient-to-worker transmission of bloodborne pathogens, studied the current regimens for PEP, and addressed the unique concerns facing medical students who incur exposures and need post-exposure counseling and treatment. Based on this evaluation, several AMA policy recommendations were made.

RESULTS: USPHS guidelines exist for PEP following HIV and HBV exposure. In particular, PEP for HIV should be administered rapidly after the exposure. OSHA standards require adherence to USPHS recommendations. Although medical students are not covered by the OSHA provisions, they should receive timely access to counseling and treatment by experienced practitioners after an occupational exposure to bloodborne pathogens via the same mechanism available to employees. Adequate financial arrangements for PEP should be a necessary part of health insurance for medical trainees. PEP has limitations and should not be the primary strategy for dealing with occupational bloodborne exposures. Employers should also evaluate and utilize appropriate techniques/technologies to prevent such exposures.

LESSONS LEARNED: The CSA has recommended that the AMA consider the following policies: (1) Reaffirm current AMA policy calling for universal (and health insurance-covered) HBV immunization (which includes medical students); (2) Recommend health care employers ensure timely post-exposure counseling and treatment be available for [medical and other health professional] students receiving training who are occupationally exposed, in accordance with relevant USPHS guidelines; (3) Recommend medical schools and other health professions schools develop payment systems for PEP for students exposed in the course of their training and studies; and (4) Recommend health care employees evaluate and make use of appropriate techniques and technologies to prevent occupational exposure to bloodborne pathogens.

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